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Docket: CU-2409
COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)
As a below named inventor, I hereby declare that:
TYPE OF DECLARATION
This declaration is of the following type: (check one applicable item below)
original design supplemental
Note: If the Declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do <u>not</u> check next item, check appropriate one of last three items.
□ national stage of PCT
Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
divisional
continuation continuation-in-part (CIP)
INVENTORSHIP IDENTIFICATION
WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:
TITLE OF INVENTION
DEVICE AND METHOD FOR MINIATURIZED, HIGHLY PARALLEL ELECTROPHORETIC SEPARATION

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SPECIFICATION IDENTIFICATION the specification of which: (complete (a), (b) or (c)) (a) is attached hereto. or Express as Serial No. (b) was filed on and was amended on Mail No. (as Serial No. not yet known) ____(if applicable). Note: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the Declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental Declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67. (c) was described and claimed in PCT International Application No. PCT/BP99/03834 filed on 02 June 1999 and as amended under PCT Article 19 on ___ ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, (also check the following items, if desired) and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98. PRIORITY CLAIM (35 U.S.C. § 119(a)-(d)) I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any

foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(a) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) no such applications have been filed.

(e) such applications have been filed as follows.

Where item (c) is entered above and the international application which designated the U.S. itself claimed Note: priority check item (e), enter the details below and make the priority claim.

PRIOR FOREIG CT APPLICATION(S) FILED WITHIN 12 NTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT	APPLICATION NUMBER	DATE OF FILING (day/mouth/year)	CLAIM	DRITY ED UNDER SC 119
Germany	198 26 020.2	10 June 1998	⊠ YES	ио □
`			YES YES	NO 🗌
			☐ YES	ио 🗌
			YES	ио 🗌
			YES	ио 🗌

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE

Note: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (tist name and registration number).

Thomas F. Peterson, 24790; Richard J. Streit, 25765; Donald P. Reynolds, 26220; W. Dennis Drehkoff, 27193; Vangelis Economou, 32341; Paul B. West, 18947; Joseph H. Handelman, 26179; Peter D. Galloway 27885; John Richards, 31503; Jain C. Baillie, 24090; Richard P. Berg, 28146

Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Chicago, Illinois 60604

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Vangelis Economou c/o Ladas & Parry 224 South Michigan Avenue Suite 1200

Vangelis Economou

(312) 427-1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Note:	Carefully indicate documents.	the family (or last)	name,	45	it should	appear	on	the	filing	receipt	and	all	other
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Christoph	,	HELLER
(Given Name)	(Middle Initial or Name)	(Family (or Last) Name)
Inventor's signature_		
Date	Country of Citizenship_	Germany
Residence	Berlin, Germany	
Post Office Address	Schlangenbacher Straße 34, D-14197 B	erlin Germany

~~		ntor	
-00	Holger		EICKHOFF
	(Given Name)	(Middle Initial or Name)	(Family (or Last) Name)
	Inventor's signature	all chosing	
	Date 4 11 CC	2011 Country of Citizenship	Germany
	Residence Berlin, (Germany OFX	
	Post Office Address Taylorst	traße 7A, D-14195 Berlin, Ger	талу
	Full name of third joint invent	or	
KT)	Full name of third joint invent	or	DETIN
OD	Full name of third joint invent Sven (Given Name)	Or (Middle Initiator Name)	BEHR (Family (or Last) Name)
8D	Sven		BEHR (Family (or Last) Name)
OD .	Sven (Given Name)	(Middle Initiat or Name)	(Family (or Last) Name)
8D	Sven (Given Name) Inventor's signature Date /2//200/	(Middle Initiator Name) Country of Citizenship	
	Sven (Given Name) Inventor's signature Date /2 // /260/ Residence Berlin, ((Middle Initiator Name) Country of Citizenship Germany	(Family (or Last) Name) Germany
	Sven (Given Name) Inventor's signature Date /2 // /260/ Residence Berlin, ((Middle Initiator Name) Country of Citizenship	(Family (or Last) Name) Germany
	Sven (Given Name) Inventor's signature Date /2 // /260/ Residence Berlin, ((Middle Initiator Name) Country of Citizenship Germany	(Family (or Last) Name) Germany

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(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL. CONTINUATION OR CIP) As a below named inventor, I hereby declare that: TYPE OF DECLARATION This declaration is of the following type: (check one applicable item below) original design supplemental Note: If the Declaration is for an International Application being filed as a divisional, continuation continuation-in-part application, do not check next item; check appropriate one of last three items. Inational stage of PCT Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISION CONTINUATION OR CIP. divisional continuation continuation-in-part (CIP) INVENTORSHIP IDENTIFICATION WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including ownership of all the claims at the time the last claimed invention was made, should be submitted. My residence, post office address and citizenship are as stated below, next to my name. I belithat I am the original, first and sole inventor (if only one name is listed below) or an original, find and joint inventor (if plural names are listed below) of the subject matter that is claimed, and which a patent is sought on the invention entitled: TITLE OF INVENTION	As a below named inventor, I hereby declare that: TYPE OF DECLARATION This declaration is of the following type: (check one applicable item below) original design supplemental Note: If the Declaration is for an International Application being filed as a divisional, continual continuation-in-part application, do not check next item; check appropriate one of last three items. national stage of PCT Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISI CONTINUATION OR CIP. divisional continuation
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that I am the original, first and sole inventor (if only one name is listed below) or an original, f and joint inventor (if plural names are listed below) of the subject matter that is claimed, and which a patent is sought on the invention entitled:	
TITLE OF INVENTION	that I am the original, first and sole inventor (if only one name is listed below) or an origina and joint inventor (if plural names are listed below) of the subject matter that is claimed, a
	TITLE OF INVENTION

SPECIFICATION	IDENTIF	ICATIO
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the specification of which: (complete (a), (b) or (c))
(a) is attached hereto.
(b) was filed on as Serial No orExpress Mail No. (as Serial No. not yet known) and was amended on (if applicable).
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(c) was described and claimed in PCT International Application No. <u>PCT/EP99/03834</u> filed on <u>02 June 1999</u> and as amended under PCT Article 19 on
ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR
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(also check the following items, if desired)
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in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.
PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))
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(complete (d) or (e))
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PRIOR FOREIGN AT APPLICATION(S) FILED WITHIN 12 MENTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT	APPLICATION NUMBER	DATE OF FILING (day/month/year)	CLAIME	DRITY D UNDER SC 119
Germany	198 26 020.2	10 June 1998	⊠ YES	NO [
			YES	№ □
			YES	NO 🗌
			YES	NO 🗌
			YES	NO [

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE

(0 MUNTAS FUR DESIGN) PRIOR TO THIS U.S. APPLICATION	

ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS

Note: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage or (2) a continuation, divisional, ar continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.



POWER OF ATTORNEY



I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (list name and registration number).

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Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Vangelis Economou c/o Ladas & Parry 224 South Michigan Avenue Suite 1200 Chicago, Illinois 60604

Vangelis Economou

(312) 427-1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Note:

Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of first joint inventor

0/2	Christoph			HELLER
	(Given Name)	<i>0</i> 0° 1.	(Middle Initial or Name)	(Family (or Last) Name)
	Inventor's signature_	Onk	Below.	
	Date Jan 15 2001		_Country of Citizenship_	Germany
	Residence	Berlin, Gerr	nany OEX	
	Post Office Address_	Schlangenba	acher Straße 34, D-14197 B	erlin, Germany

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	omt in the for	
Holger		EICKHOFF
(Given Name)	(Middle Initial or Name)	(Family (or Last) Name)
Inventor's signature_		
Date	Country of Citizenship_	Germany
Residence	Berlin, Germany	
P et Office Address_	Taylorstraße 7A, D-14195 Berlin, Gern	nany
	nt inventor	BEHR
Full name of third joi	nt inventor (Middle Initial or Name)	BEHR (Family (or Last) Name)
Full name of third joi Sven (Given Name)		
Full name of third joi Sven (Given Name) Inventor's signature_	(Middle Initial or Name)	(Family (or Last) Name)
Full name of third joi Sven	(Middle Initial or Name) Country of Citizenship Berlin, Germany	(Family (or Last) Name)

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